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| STATE OF MICHIGAN JUDICIAL DISTRICT | WAIVER OF PRIVILEGE AGAINST DISCLOSURE (Alcohol/Substance Abuse Treatment) | CASE NO. |
| Court address | Court telephone no. | |

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|--|----------|---|
| <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> THE PEOPLE OF <div style="border-bottom: 1px solid black; width: 100%;"></div> </div> <div style="width: 15%;"> <input type="checkbox"/> The State of Michigan <input type="checkbox"/> _____ </div> </div> | v | Defendant name and address <div style="border-bottom: 1px solid black; height: 40px;"></div> |
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Program name: _____

Director or designee: _____

Release to: _____ District Court

I, the defendant in this case, waive my privilege against disclosure regarding alcohol/substance abuse treatment and authorize the above program, its director or designee to release any and all information and records concerning my attendance, progress, services received, counseling reports, conduct appraisals, and recommendations for additional services to the district court listed above for the purpose of assisting the court in an appropriate disposition of this case.

This authorization will remain in effect until the purpose for which it was given no longer exists.

| | |
|---------------|--------------------------------|
| _____ Date | _____ Defendant's signature |
| | _____ Witness |